

EXHIBIT E

Estate of Carl P. Anderson

VCF Documentation



September 11th
Victim Compensation Fund

December 19, 2019

ROBERT ANDERSON
17-31 MURRAY STREET
WHitestone NY 11357

Dear ROBERT ANDERSON:

The September 11th Victim Compensation Fund ("VCF") has reviewed your Eligibility Form. You submitted an Eligibility Form on behalf of CARL ANDERSON. Your claim number is VCF0112716. Your Eligibility Form was determined to be substantially complete on December 18, 2019. As stated in the Regulations and on the claim form, by filing a substantially complete Eligibility Form, you have waived your right to file or be a party to a September 11th-related lawsuit on behalf of the decedent and his or her survivors.

The Decision on your Claim

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- FLOOR OF MOUTH CANCER
- MALIGNANT NEOPLASM OF THE SKIN - SQUAMOUS CELL CARCINOMA
- MALIGNANT NEOPLASM OF THE SKIN - SQUAMOUS CELL CARCINOMA WITH METASTASES

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

What Happens Next

If the decedent was certified for treatment by the WTC Health Program for a condition not listed above, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.

If you believe the decedent had eligible injuries not treated by the WTC Health Program and you would like the VCF to consider those injuries before calculating the amount of any



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compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

If the decedent did not have injuries other than those listed above, you should submit your Compensation Form and required supporting materials. If you have already submitted your Compensation Form, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: WENDELL TONG



September 11th
Victim Compensation Fund

March 16, 2021

ROBERT ANDERSON
C/O WENDELL TONG
SULLIVAN PAPAIN BLOCK MCGRATH & CANNAVO, PC
120 BROADWAY 18TH FLOOR
NEW YORK NY 10271

Re: CLAIM NUMBER: VCF0112716

Dear ROBERT ANDERSON:

The September 11th Victim Compensation Fund (“VCF”) sent you a letter on May 12, 2020 notifying you of the decision on your claim and the amount of your award. That letter included a request for documents that were missing from your claim and are required in order to process your payment. The VCF has since received the requested documents and this letter provides the details of your award and information on the next steps to be taken on your claim.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as **\$805,933.81**. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act (“VCF Permanent Authorization Act”). The enclosed “Award Detail” includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

The VCF has determined that the loss of your father’s pension benefits, which terminated at his death, is not a loss compensable by the VCF. That said, the Special Master recognizes the fairness disparity in a process whereby former first responders, such as your husband, who responded to the WTC site in the wake of the attacks, do not qualify for Line of Duty death designations from their former employers because they were not officially deployed to the response effort. Based on the circumstances presented in your claim, and in the discretion of the Special Master, your compensation award includes \$250,000 in economic loss. Replacement services are not awarded because in addition to not providing any supporting documentation, there is no evidence your father had any dependent(s) in his household to act as a beneficiary for a replacement services award.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.



What Happens Next

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.

- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal.**

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under “Frequently Asked Questions” and in the Policies and Procedures available under “Forms and Resources.”

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source



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payment, please complete the "Collateral Offset Update Form" found under "Forms and Resources" on the www.vcf.gov website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0112716**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya
Special Master
September 11th Victim Compensation Fund

cc: ROBERT ANDERSON



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Award Detail

Claim Number: VCF0112716
Decedent Name: CARL ANDERSON

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
Lost Earnings and Benefits	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	\$0.00
Total Lost Earnings and Benefits	\$0.00
Offsets Applicable to Lost Earnings and Benefits	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	\$0.00
Other Offsets related to Earnings	\$0.00
Total Offsets Applicable to Lost Earnings	\$0.00
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
Total Other Economic Losses	\$0.00
Total Economic Loss	\$0.00
Total Non-Economic Loss	\$340,000.00
Subtotal Award for Personal Injury Claim	\$340,000.00



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DECEASED CLAIM (Losses from Date of Death)	
Loss of Earnings including Benefits and Pension	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
Total Offsets Applicable to Loss of Earnings and Benefits	
Total Lost Earnings and Benefits Awarded	\$0.00
Other Economic Losses	
Replacement Services	\$0.00
Burial Costs	\$4,628.00
Total Other Economic Losses	\$254,628.00
Total Economic Loss	\$254,628.00
Non-Economic Loss	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Spouse/Dependent(s)	\$0.00
Total Non-Economic Loss	\$250,000.00
Additional Offsets	
Social Security Death Benefits	\$0.00
Life Insurance	(\$38,694.19)
Other Offsets	\$0.00
Total Additional Offsets	(\$38,694.19)
Subtotal Award for Deceased Claim	\$465,933.81



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Subtotal of Personal Injury and Deceased Claims	\$805,933.81
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
TOTAL AWARD	\$805,933.81
Factors Underlying Economic Loss Calculation	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

Eligible Conditions Considered in Award

Floor of Mouth Cancer
Malignant Neoplasm of The Skin - Squamous Cell Carcinoma
Malignant Neoplasm of The Skin - Squamous Cell Carcinoma With Metastases

Family Member Affidavits

Robert Anderson

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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In Re:

TERRORIST ATTACKS ON
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

----- X
RAYMOND ALEXANDER, et al.,

**AFFIDAVIT OF ROBERT
ANDERSON**

Plaintiffs,

21-CV-03505 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

----- X

STATE OF NEW YORK)
 :
COUNTY OF QUEENS)

ROBERT ANDERSON, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over eighteen years of age, and reside at 17-31 Murray Street, Whitestone, New York, 11357.
2. I am currently fifty-four years old, having been born on September 5, 1968.
3. I am the son of Decedent, Carl P. Anderson upon whose death my claims are based. I submit this Affidavit in support of the present motion for a default judgment for the claim made on behalf of my father's estate and for my solatium claim. On May 24, 2018, I was issued Letters of Limited Administration on behalf of my father's estate by the Queens County Surrogate Court.
4. My father passed away from metastatic oral cancer on August 26, 2014, at the age of seventy-four. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. The Decedent, my father, Carl P. Anderson, was a New York City sanitation worker. We did many activities together, including playing sports, working on carpentry, restoring old cars, camping, and everyday family life. Besides being my father, he was also an amazing grandfather to my two children. He enjoyed babysitting, taking them to the park, and assisting with their sports functions. Everything about my father throughout our time together had a lasting impact on my life.

6. I recall how 9/11 changed our lives forever. I recall my father watching the television in horror and wondering what he could do to help his country. He felt the need to continue serving his country like he served in the U.S. Air Force from 1959 to 1963. After the service, he worked for the New York City Sanitation Department for twenty years. He volunteered his services at Ground Zero from September 12, 2001, through September 15, 2001, removing debris from the site and helping with search and rescue.

7. A few years after 9/11, my father, Carl P. Anderson started developing symptoms of melanoma cancer on his face and on his ear. Eventually, this spread to his lymph nodes and throughout his body. For the next thirteen years, my father went through various painful surgeries and radiation treatments. He needed to have his lower lip removed as well as part of his upper ear. Due to these surgeries, treatments, and medications, his physical and mental health declined rapidly. He was no longer able to perform daily life functions. In 2014, tumors spread up to his mouth, tongue, and neck. These tumors were untreatable and caused my father's death on August 26, 2014.

8. Throughout my father's illness, I took care of him daily. We were no longer able to enjoy the activities we experienced together. It impacted my life as well as the lives of my wife and children because we cared for him daily. I never recovered emotionally or physically from

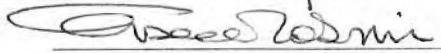
witnessing my father endure such pain and hurt. I lost my father and my best friend. Knowing he will never experience everything he has missed with my children and me has left me with an empty feeling of sadness. There is not a day that goes by that I do not think about him and wish he was still here with us. As sad as I am, I am proud to have a father that loved his country enough to make the sacrifice he did that caused his illness and death.



ROBERT ANDERSON

Sworn before me this

22 day of July, 2023


Gisele Gabrin
Notary public

GISELE GABRIN
Notary Public - State of New York
NO. 01GA6323569
Qualified in Queens County
My Commission Expires Apr 20, 2027